



# Canby Fire District

## FireMed Membership Application

Annual membership expires December 31st each year

Help Us Keep Costs Low! Sign Up Online!



### OPTION 1:

Register & Pay \$61 Online

[www.emspatient.com/canbyfiremed](http://www.emspatient.com/canbyfiremed)

### OPTION 2:

Mail-In & Pay \$61 by Check or Card

Mail to: PO Box 3510, Silverdale, WA 98383

## Canby Household Information

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### Household Members

Please List Primary Household Member First:

Member 1 (Primary):

\_\_\_\_\_  
Last Name, First Name M.I. Date of Birth

Member 2:

\_\_\_\_\_  
Last Name, First Name M.I. Date of Birth

Member 3:

\_\_\_\_\_  
Last Name, First Name M.I. Date of Birth

Member 4:

\_\_\_\_\_  
Last Name, First Name M.I. Date of Birth

Member 5:

\_\_\_\_\_  
Last Name, First Name M.I. Date of Birth

### Payment Option 2 - Pay \$61 by Mail with Check or Credit Card

Check made payable to **Canby FireMed**  
Mail to: PO Box 3510, Silverdale, WA 98383

**Current Member for Next Calendar Year**

**New Member for Current Calendar Year**

Visa     MasterCard     Discover

**New Member for Next Calendar Year**

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
CVC #

\_\_\_\_\_  
Exp Date (MM/YY)

Submission of this application with payment constitutes acceptance of the FireMed Terms of Agreement. The Terms of Agreement are for your records. **If payment is received after December 31st, coverage takes effect after three (3) business days. Current Calendar year applications are not prorated.**

## Canby FireMed Membership 2026

Your cleared check or bank/credit card statement is your receipt.

Keep this bottom stub for your records (optional).

Confirmation # \_\_\_\_\_

Check # \_\_\_\_\_

